

Effective December 8, 2004

Application or Docket Number
10 / 540312

(Column 1)

(Column 2)

MULTIPLE DEPENDENT CLAIM PRESENT

* If the difference in column 1 is less than zero, enter "0" in column 2

OR

OTHER THAN
SMALL ENTITY

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

OR

OR

OR

OR

OR

OR

OR

OR

AMENDMENT B

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE

**ADDITIONAL
FEE**

OR

OR

OR

OR

OR

OR

OR

OR

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.